Research Proposal of the Thesis Entitled

Policy to Practice: Implementation Challenges of Mental Health Programs in Mumbai Public Schools for Early Adolescents.

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1. Introduction

1.1 Overview of Educational and Social Challenges in Mumbai's Slums

Mumbai is arguably the busiest metropolitan city in India. The city's estimated population is about 25.2 million people (Demographia, 2023). Mumbai is highly population dense with 28,472 individuals per square kilometre (Shaban and Aboli, 2021) and approximately 42% of the residents of the Mumbai region reside in 2,583 slum clusters (2011 Census of India). These slum clusters and other informal settlements (hereinafter referred to as low-income housing) are characterized by ill-structured houses, overpopulation, inadequate sanitation facilities, improper ventilation and sunlight, pollution, flooding and open drains running parallel to the narrow alleys. Proximity to garbage dumps, unhygienic conditions and uncomfortable living conditions often exacerbate health hazards.

All members of the families living in such low-income housing, including children, become resources tasked with earning daily bread. Children ragpicker, put on street performances, wash cars, labour in small leather factories, create artificial ornaments, sell vegetables and fruits, and do all sorts of other household chores on behalf of others. Most families struggle to make ends meet and under such circumstances are unable to prioritize spending on quality education. Children who attend school go to public schools run by the Municipal Corporation of Greater Mumbai (MCGM), which are free and provide midday meals.

Children from low-income housing face numerous challenges to undermine their day-to-day activities. Substance addiction and child labour are common in slum communities. Stress and anxiety are also triggered by high levels of pollution, overpopulation, and poor hygiene. Social exclusion and systemic discrimination can weaken psychological resilience. Exploitation through forced labour, malnutrition, peer and elder abuse, and abusive home environments can disrupt emotional and cognitive development.

1.2 An overview of Public schools in Mumbai

Brihanmumbai Municipal Corporation (BMC), also termed the Municipal Corporation of Greater Mumbai (MCGM), is the primary municipal governing body of Mumbai. A report by Praja (2022) states that the BMC runs one of the largest urban school systems in Asia. These schools are called Mumbai Public Schools (MPS). They have over 1,100 schools with around 320,000 students. The BMC considers education a strategic tool for poverty control, believing that through sustained effort, children from economically deprived backgrounds would have a better opportunity to build a bright future (Teach for India—Mumbai Placements, n.d.).

The BMC schools encounter many difficulties that impact their purpose in providing quality education. A report published by Hindustan Times in 2023, found that against the availability of 13,470 teaching posts in BMC schools, only 7,833 have been occupied, leaving almost a gap of 40%. Due to a shortage of teachers, schools are forced to conduct classes by combining students from different grades. The result is overpopulated classes with poor teacher to student ratios.

BMC has, over the years, made sufficient investments to upgrade the quality of schools. New initiatives include opening and investing in better curriculums, skill development labs, sports complexes, digitalization of school records (Free Press Journal 2022), and conducting training programs as per NEP 2020. The National Education Policy (NEP, 2020) has accorded prime

importance to the needs of students for emotional and mental health, especially for those coming from a low socioeconomic stratum. It has focused attention on bringing integrated mental health education into school curriculums.

While the earnestness in implementing NEP 2020 in BMC schools is laudable, mental health services in BMC schools still show a significant gap in coverage. This can be attributed to both, perceived stigma about mental health in society at large and shortage of resources in BMC schools. BMC schools in Mumbai will require comprehensive improvements in infrastructure, teaching tools, advanced teacher training, extended support facilities (Bhosale, 2023) and effective public-private partnerships to foster holistic student development and learning.

1.3 Mental Health Problems Identified in Early Adolescents

The age between 10 to 15 years is considerably important for the development and general well-being of an individual. This is a formative stage in life wherein sudden and striking changes are observed in the physical, emotional, and cognitive areas. Common problems include depression, anxiety disorders, and behavioural and attention-deficit/hyperactivity problems. For 10- to 15-year-olds attending BMC schools, this is compounded by hard facts such as poverty, malnutrition, domestic abuse, exposure to violence, grossly overcrowded living conditions, and lack of access to essential services intensifies these issues in Mumbai's slums. Chronic stress and emotional pain from a hostile environment led to stubbornness and aggressive behaviour, reducing students' ability to engage in school and increasing the risk of serious mental health disorders such as anxiety and depression. A study in a Mumbai slum reported a 14.8% prevalence rate of psychiatric illnesses in children aged 5–14 years, primarily behavioural disorders, ADHD, intellectual disabilities, and depression (Patil et al., 2013). These results indicate the importance of mental health intervention among dispossessed populations whose socioeconomic conditions usually aggravate.

1.4 The Need for Mental Health Services in Mumbai Public Schools

The provision of mental health services within schools is a long overdue necessity considering the difficult living circumstances of such children. There is a critical need to introduce mental health education at an early age to overcome possible barriers to care resulting from stigma, lack of awareness, and resource constraints, which often delay timely intervention. One major challenge in the establishment of comprehensive support systems to address students' various needs are facing problems in schools located in marginal areas. This is critical in ensuring individualized care and adherence to the standards of care that have been set. Hence, Psychologists should be integrated into government schools. Early diagnosis and intervention will ensure that minor problems are solved before they escalate, thereby helping adolescents build coping skills and provide a supportive environment that enhances development.

School-Based Mental Health Services (SBMHS) can address critical barriers to mental health care, such as lack of insurance, professional shortages, stigma, and transportation issues (Committee on School-Based Mental Health Services 2004). However, implementation in schools is challenging because of staff shortages and heavy academic and administrative burdens. The successful implementation would require the training of staff, conduct awareness campaigns, increased funding, and public-private partnership through the government, schools, parents, NGOs, corporations, educational institutions, and mental health practitioners. All stakeholders need to be involved within the structured program in creating an environment

where every child gets the required support. Addressing mental health needs in government schools in Mumbai involves partnerships and volunteer effort in setting up a deliverable mental health service system. These are some crucial steps to improve the mental health of at-risk students, with messages of hope and help to those who need it the most.

2. Review of Literature

2.1 Global Perspectives on School Mental Health Services and Policy Implications

In the USA, Reback (2010) investigated access, finance, and the impact of school mental health services on young children. The analyst utilized multi-methods in collating data including the Early Childhood Longitudinal Study-Kindergarten (ECLS-K), the Schools and Staffing Survey (SASS), and the National Assessment of Educational Progress (NAEP). Other surveys utilized included the National Survey of Children's Health (NSCH), the National Association of State Boards of Education (NASBE), and state-level finance and demographic data. Utilizing a quasi-experimental design, the research examined state policies for school-based mental health services, student demographics, socioeconomic status, and outcomes such as the percentage of students receiving counselling, academic performance, problem behaviours, and teacher reports of social and emotional issues. The focus was on elementary schools and students from the ECLS-K dataset (1998–2004).

The findings indicated that state policies mandating counselling services resulted in fewer behavioural issues, improved academic performance, and reduced suspensions, especially among low-income and minority students. This supports the hypothesis that mental health services in elementary schools can be cost-effective for enhancing academic and behavioural outcomes. However, the study did not distinguish the type or quality of the psychological services. Thus, it requires longitudinal studies to evaluate the different types of effects and to develop the optimal policies. These findings are essential to develop mental health programs in the public schools of Mumbai with locally tailored strategies (Reback, 2010).

Sanchez et al. (2018) compiled 43 US-based randomized controlled trials of mental health care in the 5-to-11-year-old population; interventions modestly decreased mental health disorders. Targeted and selective prevention was most effective, and a combination of academic instruction with behaviour control is generally effective. Advanced statistical methods, such as standardized mean differences and confidence intervals, were used for short-term outcomes, but the absence of long-term outcome data leaves the findings as generalized (Sanchez et al., 2018).

Similarly, Franco et al. (2022) examined school records for 2,768 seventh-grade students in 24 Texas schools and found strong correlations with school climate and mental health outcomes. The authors of the paper, using the School Climate Survey, had concluded that a better school climate was correlated with fewer symptoms of depression but higher anxiety related to pressure from academics, hence their argument for a positive school environment (Franco et al., 2022).

Hendron and Kearney (2016) investigated the link between school climate and absenteeism and internalizing/externalizing behaviours in 398 American children aged between 11 and 19 years. Utilizing the Child Behaviour Checklist, School Climate Survey Revised Edition and

Children's Anxiety and Depression Scale, negative correlations between positive school climate and absenteeism and internalizing/externalizing behaviours were established. Although self-reported data has limitations, the study reaffirmed that supportive school environments are linked to lower truancy rates as well as better psychological well-being (Hendron and Kearney, 2016).

Additionally, Kearney et al. (2023) discussed trends in student attendance and absence within the U.S. In conclusion, they stated that working toward reducing truancy requires prevention-based work, like enhanced health-based services, and development of school-community partnerships. These findings are pertinent to Mumbai's government schools, emphasizing the need for positive school climates to tackle absenteeism and behavioural issues (Kearney et al., 2023).

Dalmaijer et al. (2023) in the UK examined family background's influence on children's development, involving 519 children aged 7–9. Using factor analysis, k-means clustering, and network analysis they establish that better family income significantly improves cognitive, emotional, and behavioural outcomes as much as enhancing school performance as well as emotional wellbeing. It suggests additional support including mental health service would complement academic performance, especially at the vulnerable groups in the student population. This is applicable in government schools of Mumbai, where socio-economic factors have a higher impact on educational outcomes (Dalmaijer et al., 2023).

Garmy, Berg, and Clausson (2015) evaluated the Depression Intervention for School Adolescents (DISA) program in southern Sweden with focus group interviews with 89 adolescents aged 13-15 years. They conclude that the DISA program is useful for increasing stress management, confidence, and interpersonal awareness skills of adolescents; however, a health-centred approach by adolescents would prefer which revolves around positive thinking. The intervention on mental health tailored to specific needs may improve the effectiveness of similar programs in Mumbai schools by focusing on the well-being and personal growth of the student (Garmy, Berg, and Clausson, 2015).

According to Cooper and Stewart (2013), financial resources have been identified as an important resource in the child's development where poverty adversely impacts physical health, social, behavioural, emotional, and psychomotor development, school performance in the UK and USA. Some of the mediating factors involved are maternal mental health, parenting behaviours, the home learning environment, and material hardship. Lack of basic needs hampers cognitive and socio-behavioural development and exacerbates issues in parental mental health and parenting practices, essential for child upbringing, especially in low-income families (Cooper and Stewart, 2013).

2.2 Challenges and Perspectives in Indian Educational Settings and Other Developing Countries:

Parikh et al. (2019) examined school-based mental health services (SBMHSs) in Delhi and Goa using a qualitative cross-sectional design, gathering data from 191 adolescents, 9 parents, 75 teachers, and other mental health providers. Adolescents identified academic pressure, career worries, peer relationships, and family conflicts as major stressors. Parents and teachers associated mental health conditions with poor academic performance, while professionals included anxiety, depression, anger, substance dependence, and self-harm. There is a need for

warm, thematic analysis reflecting the desire for targeted, interdisciplinary solutions and for community involvement in SBMHSs, which are necessary for effective services in the public schools of Mumbai (Parikh et al., 2019).

Vasavi (2015) in the Economic and Political Weekly was the lead focus in outlining some of the challenges within government elementary schools through the use of long-term ethnographic studies that started in 1999. The study thus focused on issues of teacher training and long-standing discriminatory social norms. The study thus makes a case that GES, being locked within bureaucratic structure, cannot enact adequate quality education to the needy groups, thereby increasing democratic disparities. Although the methodology details are sparse, the sociological perspective is vital for ongoing educational reform, addressing systemic issues for equitable practices in Mumbai's public schools (Vasavi, 2015).

Bhosale (2023) evaluated the challenges in BMC schools of Mumbai by using a methodology of the Global Multidimensional Poverty Index (MPI) that has studied 20 schools in five wards. A deprivation index score of 0.32 depicts how there is a pressing need to have improved infrastructure and school-going facilities. Still, under such circumstances, quality education is being offered through BMC schools. The study urges the government to increase funding and allocations for staffing on such issues, while also providing insight into the needs of schools in underprivileged areas of Mumbai (Bhosale, 2023).

In the study by Khanna, Banerjee, and Majhi (2023), which adopted a cross-sectional design, assessment tools were utilized to examine the anxiety, health, and stress of 392 adolescents in Delhi NCR. Findings included that 47.5% had reported anxiety, and 22.2% had experienced stress. Other significant contributors for the adolescents were parent education, family mental illness, individual health issues, exercise habits, parents with substance abuse, and sleep disorders. The report points out that there is an immediate need to address the identified risk factors despite the limitation of not having enough causality and number of schools covered post-COVID-19. This would work as an important outline of stressors which impact adolescent mental well-being in public schools of Mumbai (Khanna et al., 2023).

Harikrishnan and Sailo (2023) conducted a cross-sectional study on psychological and behavioural disorders in 600 students from Kollam district, Kerala, using the Strengths and Difficulties Questionnaire (SDQ). They found that such problems accounted for 10% of adolescents, which happened to be related to sociodemographic variables of school type, setting, and socio-economic status. Girls showed more emotional problems in contrast to boys who predominantly manifested as being hyperactive. More adolescents of rural backgrounds encounter emotional and behavioural problems than their peers in the cities. There are avenues for early detection through intervention by mental health workers; the limitation of SDQ is that it fails to include some of these factors such as school performance, resilience, and coping strategies (Harikrishnan and Sailo, 2023).

Ganesan, Hemavathy, Komalavalli, and Jayanthi (2023) in a cross-sectional, quantitative study on behavioural problems of children in the schools of South India screened 1600 school children using the Child Behaviour Checklist. Results confirmed the existence of behavioural problems in 13.13% of the schoolchildren, thereby indicating the emerging need for intervention before contributing to poor academic performance and lack of social integration. Such issues could not be linked to causes or contributing factors by the study. The given study

seeks targeted school-based intervention strategies along with being tied with schooling-related policies of Mumbai (Ganesan et al., 2023).

Akpan, Ojinnaka, and Ekanem conducted a cross-sectional study of 572 primary school children in Uyo, Nigeria, finding a 23.1% prevalence of behavioural problems according to teachers and 18.0% according to parents. Higher prevalence was noted in low-income families and public schools, where older boys exhibited more antisocial behaviour. The authors have suggested that the government intervene, mental health services, guidance counseling, and training for teachers and parents because of similar conditions in the slums of Mumbai (Akpan et al., 2010).

Izutsu et al. (2006) compared the quality of life, mental health, and nutritional status among 602 adolescents residing in slum and non-slum areas of Dhaka, Bangladesh with Bangla translations of World Health Organisation Quality of Life Assessment Instrument (WHOQOL-BREF), Self-Reporting Questionnaire (SRQ), and Youth Self-Report (YSR). Worse slum conditions were accompanied by higher mental illness among slum residents due to factors such as school enrolment and employment. It depicts the requirement for gender-specific and area-sensitive interventions, replicable in similar problems in Mumbai's slums (Izutsu et al., 2006).

Askell-Williams et al. conducted a self-report questionnaire among 179 elementary and 102 secondary school students in Malta in terms of school life and mental health. Through the Jonckheere-Terpstra test, extensive differences could be noted between non-involved and bully/victim groups. Findings need an interdisciplinary collaboration along with individualized intervention programs along with further research, meaning informing strategies for Mumbai public schools (Askell-Williams et al., 2013).

Fazel et al. (2014) highlighted the potential role that schools in low- and middle-income countries (LMICs) can play in promoting mental health. Based on the Institute of Medicine framework, systematic reviews of 22 studies suggest some effective strategies but report a need for further research on the prevention and treatment approaches for depression and adversities among children and youth. Multi-sectoral mental health interventions need to be implemented to enhance the practices in the public schools of Mumbai (Fazel et al., 2014).

2.3 Impact of Sociodemographic Factors on Adolescent Mental Health:

Socio-demographic and socio-economic factors influencing children and adolescents' mental health in low-income families in Guatemala were analysed by Company-Córdoba et al. (2020) specifically focusing on exposure to violence and food insecurity. The cross-sectional study had 185 subjects aged between 6 and 17 years who participated from several schools from rural and urban areas; results showed that a higher exposure to violence was positively linked with worse mental health scores, but food insecurity had no effect. The authors conclude that public policies aimed at reducing violence and promoting conflict resolution programs at school may enhance the well-being of children, with respect to those in slum areas from Mumbai (Company-Córdoba et al. 2020).

Deb and Walsh (2010) assessed anxiety levels among 460 adolescents aged 13–17 from Bengali and English-medium schools in Kolkata, India, using the State-Trait Anxiety Inventory. The results indicated that boys presented slightly higher rates of anxiety than girls, but anxiety was high among 20.1% boys and 17.9% girls, opposite trends to the findings in

developed countries, where girls report more anxiety. The study illustrated the role of parental involvement and mental health sources in reducing anxiety in schools (Deb and Walsh, 2010).

Kamble (2020) investigated the relationship of educational stress, physiological changes, and family socioeconomic status with the mental health of 180 high school students. Using one-way ANOVA, no significant mental health differences were noticed across the economic statuses, but the majority of the students belonging to a better socioeconomic background showed better mental health indicators, including emotional stability and intellectual ability. Possibly, improving the socioeconomic status of these families would better their mental health outcomes especially among the poor students of the Mumbai public school (Kamble, 2020).

Ranasinghe, Ramesh, and Jacobsen (2016) investigated the link between hygiene behaviour and mental health among middle school students in India and 11 other countries using the 2007 Global School-based Student Health Survey (GSHS). They found that 25.5% of 7,904 students experienced depression, 8.6% suffered chronic loneliness, and 7.8% reported anxiety-related insomnia. Depressed students exhibited poorer hygiene habits, indicating that poor hygiene might be a marker for mental health issues. The study calls for integrated mental health and hygiene education, especially in Mumbai's public schools where these issues are prevalent (Ranasinghe, Ramesh, and Jacobsen, 2016).

Shahraki-Sanavi et al. (2020) assessed a mental health program for 420 adolescent girls in Zahedan, Iran. The intervention group, which received additional educational and counselling support, showed improved mental health, with individual psychological counselling being most effective according to General Health Questionnaire-28 scores. This study reveals the positive influence of group training, and individual counselling combined to promote student welfare, thus making recommendations that can have impact in serving similar schools with low provisions in Mumbai public schools (Shahraki-Sanavi et al., 2020).

Sandhu and Rajpal (2015) examined the relationship between mental health, school environment, and socioeconomic status among 200 adolescents in Amritsar, Punjab. Using Singh and Sengupta Mental Health Battery (2005), Mishra School Environment Inventory (2002), and Shami, Singh, and Kumar Socioeconomic Status Scale (Rural/Urban) (2006), they showed that mental health, school environment, and socio-economic status go positively correlated. There was no significant difference of gender, but males obtained better and slightly higher mental health scores. The study suggests that supportive school environments and addressing socioeconomic disparities could enhance adolescent mental well-being, particularly among economically disadvantaged students in Mumbai public schools (Sandhu and Rajpal, 2015).

3. Significance of Research

3.1 Research Problem:

There is increasing concern in Mumbai's government schools regarding early adolescents aged 10 to 15 years from marginalized slum areas who face mental health issues. The World Health Organization reports that 10-20% of the world's adolescents face mental health problems, and this statistic is not an exception in India. Without the psychological support services, government schools in Mumbai are more susceptible to this problem. The National Institute of Mental Health and Neuro Sciences (2021) reports that about 22% of the urban adolescents, slum dwellers not excepted, are going to exhibit symptoms of mental disorder, like anxiety,

depression, and behaviour. According to the Economic Survey 2023-2024, more than 65% of government schools in urban cities, such as Mumbai, don't have a permanent counsellor. As reported by Indian Council for Medical Research (ICMR, 2023), the proportion of an adolescent with mental health issues is 1.5 times higher in slum areas than comparatively affluent neighbourhoods. Socio-economic factors, poverty, poor infrastructures, low health services, low parent involvement in school work, exacerbate the situation. Mental health programs are further affected by specific challenges related to bureaucratic, logistical, and cultural aspects of service delivery.

3.2 Significance Statement:

Addressing the mental health needs of students in Mumbai's government schools is crucial for their overall well-being, academic performance, and future opportunities. The present study aims to bridge the policy and practice by providing a thorough diagnosis of the state of mental health service in these schools, especially targeting early adolescents at 10-15 years of age. Through gathering and analysing data on existing services and challenges to their implementation, this research will find ways to put forward actionable recommendations that can propel improvements in the mental health support sector. Main focus areas are the de-stigmatization of mentally ill people, raising the level of awareness about their condition, and breaking socio-economic and cultural barriers to access mental health services. Other issues that might be considered would refer to the nature of bureaucratic and logistical barriers to translating policy into action, including the role played by stakeholders like educators, parents, and local health professionals. Long-term goals of this research would be to induce an environment favourable to good psychological development and scholastic achievements. Thus, this research works for well-rounded development of the students studying in Government schools of Mumbai.

3.3 Evidence of Significance:

The literature consistently indicates that students from lower socio-economic backgrounds, particularly those in Mumbai's slum areas, are at a heightened risk for mental health issues. Factors such as poverty, domestic violence, loss of property, school support, or exposure to substance abuse have similar anxieties, depression, and poor body image among these students. Even though clear needs exist for mental health service provision, the infrastructure is severely lacking in government schools. According to The Economic Survey 2023-2024, while as much as 35% of the government schools in the urban areas offer some form of mental health care, Garg et al. (2019) claim that India has a meagre 0.75 psychiatrists per 100,000 population, though the World Health Organization suggests at least three psychiatrists per 100,000. Other barriers include bureaucratic inefficiencies, limited resources, and cultural resistance, which further plague the facilitation of effective mental health service delivery. At the same time, there is minimal attention to the perceptions and experiences of the students themselves, especially with unmet needs, difficulties in accessing what is available, and more. This study seeks to bridge these gaps by identifying the specific mental health care needs of children in Mumbai's government schools and providing targeted solutions to address these challenges.

3.4 Potential Impact:

This research is expected to have great impacts on further research, policy-making, and practical implementation. Through such information, policymakers will be able to find insight into the mental health needs of low-income students and the effectiveness of support systems available to spur the development of more practical policies and proper resourcing of the efforts. Recommendations will be provided to overcome some of the barriers in the implementation of mental health programs, including bureaucratic and logistical challenges, and will help improve stakeholder engagement. The experiences from such marginalized communities by these students will, in turn, benefit the mental health professionals and educators with evidence-based approaches and strategies. This may be useful for large policy-making decisions, investment-related decisions on resources, and hopefully lead to a more conducive and efficient framework for mental health services within Mumbai government schools. The research directly addresses the identified issues in the attempt to better improve mental health outcomes, academic performance, and quality of life for students in such schools, along with the long-term sustainability and adaptability of such mental health services.

3.5 Research Objectives

The research paper aims to critically analyse the gap existing between mental health policies and their implementation at the ground level in schools run by the Brihanmumbai Municipal Corporation (BMC) of Mumbai. Policy in place with regard to mental health poses a significant challenge to translate such policies into action-oriented programs that would effectively be in service for early adolescents, specifically those from very low-income families. It is a study designed to challenge these difficulties and generate possible recommendations to enhance the mental health care service in schools to satisfy the emotive, psychological, and educational needs of learners. The following are specific detailed objectives:

- To identify the key barriers preventing the effective implementation of mental health policies in Mumbai Public Schools (MPS), focusing on administrative, financial, and logistical challenges.
- To explore how socio-economic factors—such as poverty, exposure to violence, and inadequate home environments—intensify mental health challenges among early adolescents in MPS.
- To assess the relevance and effectiveness of existing government mental health policies and initiatives in schools serving low-income communities within MPS.
- To investigate the perspectives of school administrators, teachers, and parents on the availability, accessibility, and effectiveness of mental health support in MPS.
- To evaluate the strength of non-governmental organizations (NGOs) and community-based initiatives in filling the gap between mental health policy development and practical implementation of MPS.
- To develop actionable recommendations for improving mental health services in MPS, including the introduction of school counsellors, teacher training, and community-based interventions tailored to the needs of low-income students.

3.6 Hypotheses

H1: Barriers to Policy Implementation

- **$H_0$1**: There are no significant administrative, financial, or logistical barriers hindering the effective implementation of mental health policies in Mumbai Public Schools (MPS).

H2: Socio-Economic Factors and Mental Health

- **$H_0$2:** Socio-economic factors, including poverty and exposure to violence, are not significantly associated with mental health challenges faced by early adolescents in Mumbai Public Schools (MPS).

H3: Effectiveness of Current Government Mental Health Policies and Initiatives

- **$H_0$3:** Current government mental health policies and initiatives in Mumbai Public Schools (MPS) do not significantly meet the psychological and educational needs of students from low-income families.

H4: Stakeholder Perspectives

- **$H_0$4:** There are no significant differences in the perceptions of school administrators, teachers, and parents regarding the availability and effectiveness of mental health resources in Mumbai Public Schools (MPS).

H5: Role of NGOs and Community-Based Initiatives

- **$H_0$5:** NGOs and community-based programs do not significantly contribute to bridging the gap between mental health policy and its practical implementation in Mumbai Public Schools (MPS).

H6: Recommendations for Improvement

- **$H_0$6:** Introducing school counsellors, teacher training programs, and community-based interventions will not significantly improve mental health outcomes among students in Mumbai Public Schools (MPS).

4. Research Design

A mixed methods approach will be utilized to explore causal relationships between variables in real-life settings, specifically Mumbai Public Schools (MPS). Given the ethical and practical challenges of assigning participants to control and experimental groups in an educational environment, this method integrates both quantitative and qualitative data for robust analysis. The study will investigate factors delaying effective mental health policy implementation, assess the impact of these policies on early adolescents in MPS, and develop strategies for improving policy application.

4.1 Independent Variables (IVs):

1. **Socioeconomic Status (SES)**: This will be measured through a survey involving questions about income, education level, and working status. This will give background

information on the family environments of these students and how SES affects their access to and utilization of mental health care. Availability of Mental Health Resources.

2. **Mental Health Interventions:** This will be identified by mapping in-school resources (e.g., counsellors, psychologists) and external community-based services. It will determine if the existing body of resources meets the needs of pupils. A review of current interventions, if any, such as teacher training programs, mental health awareness schemes, and counselling services, will be conducted with effectiveness determined by stakeholder feedback.

4.2 Dependent Variables (DVs):

1. **Mental Health Status**: Standardized tools used will include the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds and Richmond, 1985, 2000), Children's Depression Inventory (CDI; Saylor, Finch, Spirito, and Bennett, 1984), and Patient Health Questionnaire-9 for Adolescents (PHQ-A; Johnson, Harris, Spitzer, and Williams, 2002). Other additional measurements will be Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Generalized Anxiety Disorder 7-item scale (GAD-7; Spitzer, Kroenke, Williams, and Löwe, 2006). All these scales will be reviewed and translated into any local language in a bid to make the survey culturally sensitive and easily understandable.

2. **Behavioural Problems**: Will be evaluated based on the Child Behaviour Checklist (CBCL; Achenbach, 1991; Achenbach and Rescorla, 2001) and Beck Youth Inventories (BYI; Beck, Beck, Jolly, and Steer, 2005). School conduct will be assessed by using School Social Behaviour Scales (SSBS; Merrell, 1993) along with the reports of the teachers and peers. Furthermore, observational data will be gathered to understand students' behaviour in the school context. These instruments will be reviewed and locally translated to capture the true essence of the intended data on the student's mental health and their performance in their academics.

4.3 Sampling strategy:

For this study on the implementation challenges of mental health programs in Mumbai public schools for early adolescents, the sampling strategy will be both multifaceted and comprehensive. The approach will incorporate both qualitative and quantitative methods to thoroughly evaluate how mental health services impact students' mental health, academic performance, and behavioural outcomes. This methodology ensures that there is a comprehensive review of the effectiveness and challenges of the mental health programs of government schools under the Brihanmumbai Municipal Corporation (BMC).

Target Population: The sample will include approximately 200 students from BMC schools, encompassing both schools with and without mental health services to allow for a robust comparison.

4.4 School Selection:

- **Stratified Random Sampling:** Used to select 10 schools from the complete list of BMC schools, divided into two categories:

A. **5 schools with mental health services:** Equipped with counsellors and psychologists to evaluate the impact of established mental health support systems.

B. **5 schools without mental health services:** Serving as a baseline for comparison to determine differences in outcomes between schools with and without mental health support.

4.5 Student Selection:

- **Stratified Random Sampling:** Students in any selected school will be sampled to have representatives from various socio-economic backgrounds:

  A. **100 students from schools with mental health services:** 50 from low-income backgrounds and 50 from middle-income backgrounds.

  B. **100 students from schools without mental health services:** Similarly, 50 from low-income backgrounds and 50 from middle-income backgrounds.

4.6 Teacher and Administrator Selection:

- **Purposive Sampling:** Selected based on their involvement with or impact from mental health services:

  A. **1-2 administrators** per school, approximately **10-12 administrators**.

  B. **3-5 teachers** per school, approximately **30-50 teachers**.

4.7 Quantitative Data Collection:

Data on **socioeconomic status, mental health, academic performance, attendance, and behavioural issues** will be gathered through surveys, assessments, academic records, and behavioural logs.

4.8 Qualitative Data Collection:

- **Parents:** There is an estimate of 50-70 interviews to understand their attitudes toward mental health services.
- **Students:** From each school, there is an estimate of 15-20 students that would be consulted in trying to understand their experiences, totalling about 150-200 students.
- **External Providers:** 5-10 interviews with mental health professionals who work in the community-based to access external resources.

Hence the sampling strategy is a comprehensive approach to assessing the mental health services in BMC schools to identify opportunities and challenges and come up with effective plans of strengthening mental health services support for the students.

4.9 Data Analysis Plan

The data analysis will include the use of software like SPSS or R to analyse both quantitative and qualitative data. The researcher will use measures of central tendency and variability (Descriptive Statistics), including means and standard deviations, to describe the sample. For inferential statistics, comparison tests such as t-tests, chi-square tests, correlation tests, and regression analysis, will be applied. This will determine the relationship between various IVs (e.g., standard of living, quality of education) and DVs (e.g., mental health, or/and academic

achievement). These will assist in understanding several factors that may affect student outcomes.

4.10 Thesis Outline:

The final thesis will be documented in MS Word following the structure detailed below:	
Chapter No.	**Chapter Title**
1	**Introduction**
	- Background of the Study
	- Statement of the Problem
	- Rationale and Significance of the Study
	- Research Questions and Objectives
	- Scope and Delimitations of the Study
2	**Review of Literature**
2.1	Theoretical and Conceptual Frameworks of Adolescent Mental Health in Educational Contexts
2.2	National and Global Policy Approaches to School-Based Mental Health Interventions
2.3	Barriers to Effective Implementation of Mental Health Programs in Mumbai Public Schools
2.4	Evaluating the Efficacy of School-Based Mental Health Programs: Case Studies and Evidence
2.5	Translating Policy into Practice: Analyzing the Implementation Gap in Mental Health Programs
3	**Research Methodology**
3.1	Research Objectives and Hypotheses
3.2	Research Design and Approach (Mixed Methods- Quantitative and Qualitative)
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References	Complete Citation List (APA Format)

Appendices	- Informed Consent Form
	- Survey and Interview Questionnaires
	- Additional Data Tables and Figures

References

- Achenbach, T. M., and Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms and profiles*. University of Vermont, Research Center for Children, Youth, and Families.
- Akpan, M. U., Ojinnaka, N. C., and Ekanem, E. (2010). Behavioural problems among schoolchildren in Nigeria. *South African Journal of Psychiatry, 16*(2), pp. 220.
- Askell-Williams, H., Cefai, C., and Fabri, F. (2013). Maltese students' perspectives about their experiences at school and their mental health. *Australian Journal of Guidance and Counselling, 23*(2), 252-270. https://doi.org/10.1017/jgc.2013.13.
- Beck, J. S., Beck, A. T., Jolly, J. B., and Steer, R. A. (2005). Beck Youth Inventories Second Edition for assessing emotional and social impairment in children and adolescents. *The Psychological Corporation.*
- Bhosale, A. (2023). An evaluation of the status of infrastructure and educational facilities in the municipal schools of the Mumbai region using the UNDP's Multi-Dimensional Poverty Index (MPI) approach. *Cosmos: An International Journal of Art and Higher Education, 12*(1), 1–8. https://doi.org/10.46360/cosmos.ahe.520231006.
- Census of India, Office of the Registrar General and Census Commissioner, India. (2011). *Provisional population totals, 2011*. Ministry of Home Affairs, Government of India. Retrieved from https://censusindia.gov.in.
- Committee on School Health. (2004). School-based mental health services. *Pediatrics,* Vol. 113 (6), pp.1839–1845. https://doi.org/10.1542/peds.113.6.1839.
- Company-Córdoba, R., Gómez-Baya, D., López-Gaviño, F., and Ibáñez-Alfonso, J. A. (2020). Mental health, quality of life, and violence exposure in low-socioeconomic status children and adolescents of Guatemala. *International Journal of Environmental Research and Public Health*, 17(20), pp.7620. https://doi.org/10.3390/ijerph17207620.
- Cooper, K., and Stewart, K. (2013). Does money affect children's outcomes? *CASEreports* (80). Centre for Analysis of Social Exclusion, London, UK.
- Dalmaijer, E. S., Gibbons, S. G., Bignardi, G., et al. (2023). Direct and indirect links between children's socio-economic status and education: Pathways via mental health, attitude, and cognition. *Current Psychology, 42*, 9637–9651. https://doi.org/10.1007/s12144-022-03655-4.

- Deb, S., and Walsh, K. (2010). Anxiety among high school students in India: Comparisons across gender, school type, social strata, and perceptions of quality time with parents. *Australian Journal of Educational and Developmental Psychology, 10,* 18-31.
- Demographia. (2023, August). *Demographia world urban areas: 19th annual edition (Built-up urban areas or world agglomerations)*.

  http://www.demographia.com/db-worldua.pdf.
- Economic Survey. (2023-2024). *Economic Survey 2023-2024*. Government of India.
- Fazel, M., Patel, V., Thomas, S., and Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. *The Lancet Psychiatry, 1*(5), 388-398. https://doi.org/10.1016/S2215-0366(14)70357-8.
- Franco, K., Baumler, E., Torres, E. D., Lu, Y., Wood, L., and Temple, J. R. (2022). The link between school climate and mental health among an ethnically diverse sample of middle school youth. *Current Psychology, 42*(4), pp. 18488-18498. https://doi.org/10.1007/s12144-022-03016-y.
- Free Press Journal. (2022, February 3). Mumbai: Big boost to education and BMC hikes budget to Rs 33,702.4cr; lists new projects. *Free Press Journal*. https://www.freepressjournal.in/education/mumbai-big-boost-to-education-and-bmc-hikes-budget-to-rs-337024-cr-lists-new-projects.
- Ganesan R. , Hemavathy J. , Komalavalli T. and Jayanthi P. (2023). Prevalence of Behavioural Problems Among School Going Children in South India. Indian Journal of Advanced Research. Article DOI**:** 10.21474/IJAR01/17662
  DOI URL**:** https://dx.doi.org/10.21474/IJAR01/17662
- Garg, S., Kumar, S., and Chandra, P. (2019). Mental health services in India: Challenges and opportunities. *Journal of Mental Health, 28*(3), 234–243. https://doi.org/10.1080/09638237.2019.1583341.
- Garmy, P., Berg, A., and Clausson, E. K. (2015). A qualitative study exploring adolescents' experiences with a school-based mental health program. *BMC Public Health, 15*, 1074. https://doi.org/10.1186/s12889-015-2368-z.
- Goodman, R. (1997). Strengths and Difficulties Questionnaire (SDQ) [Database record]. *APA PsycTests*. https://doi.org/10.1037/t00540-000.
- Government of India. (2011). *Census of India 2011: Provisional population totals for Mumbai*. Office of the Registrar General and Census Commissioner, India. http://censusindia.gov.in.
- Government of India. (2014). *National Mental Health Policy of India*. Ministry of Health and Family Welfare.
  http://www.mohfw.gov.in/sites/default/files/12183449451411th%20October.pdf.
- Harikrishnan, U., and Sailo, G . L. (2021). Prevalence of emotional and behavioural problems among school-going adolescents: A cross-sectional study. *Indian Journal of Community Medicine, 46*(2), 232-235. https://doi.org/10.4103/ijcm.IJCM_226_20.

- Hendron, M., and Kearney, C. A. (2016). School climate and student absenteeism and internalizing and externalizing behavioural problems. *Children and Schools*, *38*(2), 109-116. https://doi.org/10.1093/cs/cdw009.
- Indian Council for Medical Research (ICMR). (2023). *Mental health and Well-Being Among Adolescents in Urban India*.
- Izutsu, T., Tsutsumi, A., Islam, A. M., Kato, S., Wakai, S., and Kurita, H. (2006). Mental health, quality of life, and nutritional status of adolescents in Dhaka, Bangladesh: Comparison between an urban slum and a non-slum area. Social science and medicine, 63(6), 1477-1488.
- Johnson, J. G., Harris, E. S., Spitzer, R. L., and Williams, J. B. W. (2002). The Patient Health Questionnaire for Adolescents: Validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *Journal of Adolescent Health, 30*(3), 196–204. https://doi.org/10.1016/S1054-139X(01)00333-0.
- Joshi, D. (2021, February 27). BMC introduces 'no-fees' CBSE schools to improve civic school enrolments. *EducationWorld*.

  https://www.educationworld.in/bmc-introduces-no-fees-cbse-schools-to-improve-civic-school enrolments.
- Kamble, S. (2020). Socio-economic status and mental health of school children. *Juni Khyat, 10* (7), 165.
- Kapur, R. (2019). *Enhancing the quality of government schools*.
- Kearney, C. A., Dupont, R., Fensken, M., and Gonzálvez, C. (2023). School attendance problems and absenteeism as early warning signals: Review and implications for health-based protocols and school-based practices. *Frontiers in Education, 8*, 1253595. https://doi.org/10.3389/feduc.2023.1253595.
- Khanna, T., Banerjee, B., and Majhi, M. M. (2023). Prevalence and correlates of anxiety and stress in school-going adolescents in Delhi National Capital Region: A cross-sectional study. *International Journal of Community Medicine and Public Health, 10*(11), 4219–4227. https://doi.org/10.18203/2394-6040.ijcmph20234158.
- Merrell, K.W. (1993). Using Behavior Rating Scales to Assess Social Skills and Antisocial Behavior in School Settings: Development of the School Social Behavior Scales
- Morrow, A., and de Silva, M. (2023). Implementing evidence-based mental health programs in schools in low and middle-income countries: Opportunities and challenges. *Global Health Action, 16*(1), 2127809. https://doi.org/10.1080/16549716.2023.2127809.
- Mumbai Mirror. (2019, September 16). BMC and TISS join hands to help 3 lakh students. *Mumbai Mirror*.

  https://mumbaimirror.indiatimes.com/mumbai/other/bmc-and-tiss-join-hands-to-help-3-lakh-students/articleshow/71141618.cms

- National Institute of Mental Health and Neuro Sciences (NIMHANS) (2021). *Prevalence of Mental Health Issues Among Adolescents in Urban Areas of India*.
- Parikh R, Michelson D, Sapru M, et al. (2019). Priorities and preferences for school-based mental health services in India: a multi-stakeholder study with adolescents, parents, school staff, and mental health providers. Global Mental Health. doi:10.1017/gmh.2019.16.
- Patil, R. N., Nagaonkar, S. N., Shah, N. B., and Bhat, T. S. (2013). A cross-sectional study of common psychiatric morbidity in children aged 5 to 14 years in an urban slum. *Journal of Family Medicine and Primary Care, 2*(2), 164–168. https://doi.org/10.4103/2249-4863.117413.
- Praja Foundation. (2022). *Report on the state of municipal education in Mumbai*. https://www.praja.org/praja_docs/praja_downloads/Report%20on%20State%20of%20Municipal%20Education%20in%20Mumbai.pdf.
- Ranasinghe, S.; Ramesh, S.; and Jacobsen, K.H. (2016). Hygiene and mental health among middle school students in India and 11 other countries. Journal of Infection and Public Health, Vol 9 (4), pp. 429-435.
- Reback, R. (2010). Schools' Mental Health Services and Young Children's Emotions, Behaviour, and Learning. Journal of Policy Analysis and Management, 29(4), 698–725. http://www.jstor.org/stable/40802188.
- Reynolds, C.R.; and Richmond, B.O. (1985, 2000). Children's Manifest Scales (1985). Los Angeles: western Psychological Services.
- Sanchez, A.L., Corncchio, D., Poznaski, B and Golik, A.M. (2018). The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. Journal of the American Academy of Child and Adolescent Psychiatry, Vol. 57(3) DOI:10.1016/j.jaac.2017.11.022
- Sanchez, A.L.; Cornacchio, D.; Poznanski, B., Golik, A.M., Chou, T., and Comer, J.S. (2018). The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. National Library of Medicine, Vol. 53 (3), pp. 153-165. doi: 10.1016/j.jaac.2017.11.022. Epub 2017 Dec 24.
- Sandhu, P. K., and Rajpal, B. (2015). Mental health in relation to school environment and socio-economic status among adolescents. Indian Journal of Health and Wellbeing, 6(9).
- Saylor, C.F.; Finch, A. J.; Spirito, A.; and Bennett, B. (1984). The Children's Depression Inventory: A systematic evaluation of psychometric properties.
- Shahraki-Sanavi, F., Ansari-Moghaddam, A., Mohammadi, M., Bakhshani, N. M., and; Salehiniya, H. (2020). Effectiveness of school-based mental health programs on mental health among adolescents. Journal of Education and Health Promotion, 9, 138. https://doi.org/10.4103/jehp.jehp_421_19.
- Spitzer, R.L.; Kroenke,K.; Williams, J.B.W.; and Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7.

- Teach For India - Mumbai Placements. (n.d.). *Teach for India - Mumbai Placements*. Retrieved August 26, 2024, from https://teachforindia-mumbaiplacements.weebly.com.
- Times of India. (2019, September 17). BMC launches its mental wellness drive in 150 schools in Mumbai. *Times of India*. http://timesofindia.indiatimes.com/articleshow/71161344.cms.
- Vasavi, A. R. (2015). Culture and life of government elementary schools. Economic and Political Weekly, 50(33), 36-50. Retrieved from https://www.jstor.org/stable/24482406.
- World Health Organization. (2022). *Adolescent Mental Health: A Global Perspective*.
- World Population Review. (2024). *Mumbai population 2024*. https://worldpopulationreview.com.

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